

| POSITION | INITIALS | ID NO. | DATE |
|---------------------|-----------|--------------|----------------|
| FEE DETERMINATION | <i>AB</i> | <i>7528</i> | |
| O.I.P.E. CLASSIFIER | | <i>3</i> | <i>3/31/99</i> |
| FORMALITY REVIEW | | <i>69853</i> | <i>4/9/99</i> |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
|----------------|---------|
| Final Original | |
| 1 | 7/17/00 |
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| Claim | Date |
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REF AVAILABLE COPY

If more than 150 claims or 10 actions
 staple additional sheet here

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